

**To Be Proposed: 10-144 C.M.R. Chapter 101, MaineCare Benefits Manual
Chapters II, Section 71, National Diabetes Prevention Program**

Summary of Rate Forum Comments and the Department's Responses

The Department of Health and Human Services held a rate forum on February 6, 2023. Written and verbal comments were accepted through February 27, 2023. Comments were received from the following people/organizations:

Table of Commenters

1. Bethany Sanborn, Senior Director, Community Health, MaineHealth
2. National Association of Chronic Disease Directors (NACDD)
3. Susan Whittaker, Training and Risk Management Program Manager, Maine Primary Care Association

Summary of Comments and Responses

1. **Comment:** Many Medicaid agencies benchmark their rates to 80% of Medicare. MaineCare's proposed methodology of 72.4% of Medicare's current total reimbursement, or \$555.96 with weight loss performance payments, is lower than the average of the Medicaid agencies the commenter tracks, which is \$628.

Response: MaineCare uses 72.4% of Medicare as a standard benchmark to set rates across many different sections of the MaineCare Benefits Manual, and there is not a sufficient reason to deviate from this methodology for the National Diabetes Prevention Program (NDPP). The \$628 figure that the commenter cites factors in two states' reimbursements that include delivering the NDPP for two years. Accounting for this, MaineCare's total reimbursement with weight loss is above the average of other states' reimbursements.

2. **Comment:** The NACDD and the Research Triangle Institute International performed a cost study that determined the cost to Center for Disease Control and Prevention (CDC)-recognized organizations offering the NDPP was approximately \$1500 per participant. The commenter reported that the Medicare rate is not enough to cover the costs of the NDPP and encouraged MaineCare to consider a higher reimbursement rate to help make the program successful and sustainable.

Response: The cost study is not a sufficient basis for changing the reimbursement methodology because it only evaluates NDPP providers in Maryland and Oregon and includes start-up costs. Please also see the response to comment 1.

3. **Comment:** Implementing the NDPP in federally qualified health centers will require significant resources. MaineCare should raise the reimbursement methodology to match Medicare's 2023 reimbursement. This would allow a maximum payment of \$496 to \$768, depending on a participant's achieved weight loss.

Response: MaineCare will pay a percentage of Medicare's reimbursement in alignment with other MaineCare covered services. Please also see the response to comment 1.

4. **Comment:** MaineCare should allow providers to bill for performance-based payments when participants achieve one of the three CDC risk reduction outcomes, rather than only the 5% weight loss outcome.

Response: In response to this comment, MaineCare will allow providers to bill for performance payments when members achieve a 0.2 percentage point reduction in HbA1C levels. MaineCare is continuing to propose that it will not make performance payments available to providers whose participants achieve 4% weight loss and an average of 150 minutes of physical activity per week because this risk reduction outcome would be more difficult to measure and track. Stakeholders will have the opportunity to comment again during the upcoming rulemaking.

5. **Comment:** MaineCare should reimburse providers for delivering the total number of sessions included in the CDC's preferred curriculum, which is 26 sessions. While a provider is only required to offer 22 sessions, the CDC states that organizations are encouraged to offer more than the minimum number of sessions because they have better retention, participation, and outcomes.

Response: MaineCare opts to reimburse NDPP providers for the number of sessions required by the CDC. Please also see the responses to comments 1 and 3.